

**PEST CONTROL DEALER DESIGNATED AGENT
LICENSE APPLICATION**

PR-PML-043 (REV. 11/01)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038
FAX - (916) 445-4033
Web site: <http://www.cdpr.ca.gov/>

The mailing address you indicate on this application is your address of record for your license/certificate. Therefore it is public information. You may wish to use a post office box in lieu of the physical address as an address of record.

A. APPLICATION TYPE (Check the appropriate box(es))

- ☐ INITIAL (NEW) APPLICATION (\$15.00) ☐ NAME AND/OR ADDRESS CHANGE
- ☐ REEXAMINATION (\$15.00 Per Exam) ☐ OTHER (Specify): _____

B. APPLICANT INFORMATION

NAME (Last, First, (Middle Initial)	WORK TELEPHONE NUMBER ()	HOME TELEPHONE NUMBER ()
MAILING ADDRESS (Number and Street) (City)		
(County)	(State)	(ZIP Code)
NAME THE PEST CONTROL DEALER BUSINESS YOU ARE EMPLOYED BY OR OWN: (OPTIONAL)		SOCIAL SECURITY NUMBER (OPTIONAL)
		DESIGNATED AGENT NUMBER

IF YOU ARE PLANNING TO BE IN THE PEST CONTROL DEALER BUSINESS, YOU MUST HAVE A DESIGNATED AGENT LICENSE, PLEASE COMPLETE THIS APPLICATION FORM IF YOU NEED TO QUALIFY AS A PEST CONTROL DEALER DESIGNATED AGENT.

THIS APPLICATION MUST BE COMPLETED AND ACCOMPANIED WITH THE INFORMATION REQUESTED. FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE AND WILL CAUSE FURTHER DELAY IN PROCESSING YOUR APPLICATION.

PEST CONTROL DEALER DESIGNATED AGENT LICENSE EXAMINATION EXEMPTION

If you currently possess any one of the following, this application is not required: Agricultural Pest Control Adviser License, Apprentice Pilot Certificate, Journeyman Pilot Certificate, or Qualified Applicator License. Any one of the above licenses or certificates will automatically qualify you as a Pest Control Dealer Designated Agent.

(Qualified Applicator Certificates, Structural Pest Control Operators and an out-of-state license or certificate do not meet the above exemption requirement.)

INITIAL (NEW) APPLICANT or REEXAMINATION

A Designated Agent Number will be assigned to you by the Department after the Initial (New) Application is received and processed. If you are applying to become a Pest Control Dealer Designated Agent licensee for the first time without having a Designated Agent License examination exemption, an initial (New) Application fee of \$15.00 is required. This will allow you to take the examination. Passing the Pest Control Dealer Designated Agent License examination with a score of 70 percent or better is required to become a licensed Pest Control Dealer Designated Agent.

If you need to make any examination scheduling changes, you must do so by the **final filing date on the Examination Schedule** you have selected, or your fees will be forfeited. (See current year Examination Schedule for final filing date.)

Applicants who are requesting to reschedule the Pest Control Dealer Designated Agent License examination due to the applicant's failure to obtain a passing score of 70 percent, or failure to appear for the scheduled examination (month and location) you have selected, must submit an application and pay the \$15.00 examination fee.

SCHEDULING

Refer to the current year Examination Schedule and select the Month and Location most convenient for you.

EXAMINATION MONTH _____

EXAMINATION LOCATION (City) _____

APPLICANT READ CAREFULLY BEFORE SIGNING

DURING THE LAST THREE YEARS, HAVE YOU HAD ANY ADMINISTRATIVE, CIVIL, OR CRIMINAL ACTION TAKEN AGAINST YOU FOR VIOLATION OF ANY STATE OR FEDERAL LAWS, RELATING TO THE APPLICATION OR USE OF PESTICIDES THAT RESULTED IN DISCIPLINARY ACTIONS OR IN WHICH ANY DISCIPLINARY ACTION IS NOW PENDING?

☐ YES (State explanation on a separate sheet of paper.) ☐ NO

THE FEE MUST ACCOMPANY THIS APPLICATION. THE FEE IS NON-REFUNDABLE.

I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT.

APPLICANT SIGNATURE _____

DATE _____

PLEASE READ THE INSTRUCTIONS CAREFULLY. IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION. PLEASE CALL THIS OFFICE AT THE PHONE NUMBER LISTED IN THE UPPER RIGHT CORNER.

Make check payable to: CASHIER, DEPT. OF PESTICIDE REGULATION
and mail to: (Do not send coin or currency)

CASHIER
DEPARTMENT OF PESTICIDE REGULATION
P.O. Box 4015
SACRAMENTO, CALIFORNIA 95812-4015

OFFICE USE ONLY

DATE LICENSE ISSUED: _____

COMPUTER ENTRY DATE: _____

DATE STUDY MATERIAL MAILED: _____

FAILURE TO COMPLETE OR PROVIDE THE REQUESTED INFORMATION WILL DELAY THE PROCESSING OF YOUR APPLICATION.

PEST CONTROL DEALER DESIGNATED AGENT LICENSE

SUGGESTED STUDY MATERIAL SOURCE LIST

THE SUGGESTED STUDY MATERIALS (Publications) FOR THE PEST CONTROL DEALER DESIGNATED AGENT LICENSE EXAMINATION IS LISTED BELOW. You are not required to purchase any of the suggested study materials; they are only references in preparing for the **Designated Agent License** examination

1. ***Laws and Regulations Study Guide 2001 Edition*** (Sale Publication #626). Please contact the Department of Pesticide Regulation, 1001 I Street, P.O. Box 4015, Sacramento, CA 95812-4015 or call (916) 445-4038 for the price. This publication will also be available to view and download from our Web site at www.cdpr.ca.gov.

Laws and Regulations Study Guide is available from: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015; please make the check or money order payable to: **CASHIER, DEPARTMENT OF PESTICIDE REGULATION** (sales tax, postage, and handling is included in the price of the publication - \$15.00).

2. ***Pesticide Application Compendium – Volume 1: The Safe and Effective Use of Pesticides*** (University of California Sale Publication #3324 - \$32.00 plus tax, postage, and handling.)

Volume 1 (400 pages) includes chapters dealing with pest identification, pest management, pesticides, pesticide laws and regulations, hazards associated with pesticide use, protecting people and the environment, pesticide emergencies, effective use of pesticides, pesticide application equipment, and calibration of pesticide equipment.

Publication #3324 can be ordered from: Publications, Division of Agriculture and Natural Resources, University of California, 6701 San Pablo Avenue, Oakland, California 94608 – telephone number (415) 642-2431. Make your check payable to: **THE REGENTS OF THE UNIVERSITY OF CALIFORNIA**.

Contact your local County Farm Advisor's Office (University of California Cooperative Extension) in your county for current information.

GENERAL INFORMATION

The Department of Pesticide Regulation has established time periods for processing of permit applications, in compliance with Government Code Sections 15374 – 15378. Failure to comply with these time periods may be appealed to the Secretary for Environmental Protection, California Environmental Protection Agency, 1001 I Street, Sacramento, California 95814-2828, pursuant to regulations set forth in Title 3, California Code of Regulations, Section 306. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of the filing fees.

PLEASE NOTIFY THIS OFFICE IMMEDIATELY OF ANY ADDRESS AND/OR NAME CHANGE. Every person to whom a license is issued must immediately notify the Director **in writing** of any change in name, address, business organization or any other matter shown in the application. Legal documents will be required in order to make a name change. NO FEE is required for a name and/or address change or card replacement of a license cardholder. Submit the name and/or address change to: Department of Pesticide Regulation, Pest Management and Licensing Branch, Licensing and Certification Program, 1001 I Street, Sacramento, California, 95814-2828.

SECOND YEAR FEE. You may receive a second year fee notice from DPR when you are sent your examination results and have passed the required examinations to receive a valid license. The notice will inform you that you are in the two-year license cycle and an additional second year fee will be required to issue your license.

**2002 EXAMINATION SCHEDULE AND
EXAMINATION SCHEDULING INSTRUCTIONS**

This schedule includes final filing dates, examination dates, and locations for Agricultural Pest Control Advisor, Pest Control Aircraft Pilot, Pest Control Dealer Designated Agent, Qualified Applicator Certificate, and Qualified Applicator License examinations.

		Exam Month				
Exam Location		February 2002	April 2002	June 2002	August 2002	October 2002
	Arcadia		April 23, 24, 25 final filing date: 3/29/02			October 22, 23, 24 final filing date: 9/24/02
	Bakersfield	February 5, 6, 7 final filing date: 1/8/02				
	Dublin	February 26, 27, 28 final filing date: 1/29/02			August 20, 21, 22 final filing date: 7/23/02	
	Fresno			June 11, 12, 13 final filing date: 5/14/02		October 29, 30, 31 final filing date: 10/2/02
	Indio			June 25, 26, 27 final filing date: 5/30/02		
	Modesto	February 5, 6, 7 final filing date: 1/8/02			August 6, 7, 8 final filing date: 7/12/02	
	Paso Robles			June 11, 12, 13 final filing date: 5/14/02		
	Red Bluff	February 5, 6, 7 final filing date: 1/8/02		June 18, 19, 20 final filing date: 5/21/02		
	Sacramento		April 10, 11 final filing date: 3/12/02		August 27, 28, 29 final filing date: 7/30/02	
	Salinas		April 9, 10, 11 final filing date: 3/12/02			October 22, 23, 24 final filing date: 9/24/02
	San Diego	February 26, 27, 28 final filing date: 1/29/02			August 13, 14, 15 final filing date: 7/25/02	
	Santa Rosa		April 23, 24, 25 final filing date: 3/29/02			

INSTRUCTIONS - IMPORTANT - PLEASE READ

1. Your application **must be postmarked by the FINAL FILING DATE** in order to process your application for the date and examination(s) you requested. If your application is postmarked **after the final filing date**, you will be contacted by mail to reschedule the examination(s).
2. In Section E of the application write the **Location** and **Month** in which you have selected to take your examination(s). For example, to take an examination in San Diego on March 20 - 22, you would write "San Diego" for the *Examination Site Location* and "March" for the *Examination Month*.
3. Complete and sign the application form. See Section F and/or G of the application for the appropriate fee to submit with the application. (Note: The Department utilizes your Social Security Number as an alternate source of applicant identification, as many names are similar. Providing your Social Security Number is strictly voluntary in accordance with the Privacy Act of 1974 [PL93-579]. This is not public information and will not appear on any publication, etc. produced or distributed by the Department.)
4. **Examination Notice:** At least two weeks prior to the examination date, you will be notified by mail of the examination location, address, date, and time.
If you DO NOT receive an Examination Notice one week prior to the examination date, call (916) 445-4038.
5. **To Change the Date, Examination(s) or Location** you originally requested on your application: Call (916) 445-4038 or fax your written request to (916) 445-4033 by the final filing date.

• FEES ARE NOT TRANSFERABLE FOR CHANGES REQUESTED AFTER THE FINAL FILING DATE.

• APPLICATION FEE AND EXAMINATION FEES ARE NON-REFUNDABLE.

EXAMINATION LOCATIONS AND DATES are assigned by the Department. The Department will **NOT** conduct examinations during all of the days reserved for the examination location, unless the number of persons scheduled for the location warrants it. Therefore, **you will be scheduled for only one of the days reserved for the location. We are unable to accommodate examination and/or location changes after the FINAL FILING DATE.**

VISA / MASTERCARD TRANSACTION

DPR-ACC16-105 (REV. 5/01)

**INSTRUCTIONS:**

1. For conducting transactions using VISA or MasterCard only. No other cards are accepted.
2. Complete **ALL** cardholder information.
3. If you have any questions, please call the Licensing and Certification Program at (916) 445-4038
4. Attach all necessary documents. Mail your completed application with this form, to:

ATTN: Cashier
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

5. **DO NOT FAX** this form to DPR

NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)												CIRCLE ONE VISA MasterCard		TODAY'S DATE
BANK CARD NUMBER (16 DIGITS)												BANK CARD EXPIRATION DATE		TOTAL AMOUNT OF PAYMENT
														\$
														TELEPHONE NUMBER
														()

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

FOR PAYMENT OF:

NAME OF REGISTRANT/LICENSEE

MAILING ADDRESS (Street or P.O. Box Number)

(City, State, and ZIP Code)

DEPARTMENT USE ONLY - ENTERED ON POS BY	TODAY'S DATE	DATE MAILED	BY